MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 334

04776

CERTIFICATE OF DEATH

Reg. Dist. No. 116

City or town	hester mbridge outside city or town ii se of death? 24 or street address where Peachblos or Institution?	URAL and give nearest town)	(If outside city or fown limits, write RURAL and give nearest town)					
3. (a) FULL NAM	S		F. Aaron			3. (b) S	ocial Security	Number
4. Sex	5. Color or race		e, married, widowed, or divorced		MEDICAL O	CERTIFIC	ATION	
Female	White	VV	idowed	20. DATE OF DEATH	Mag	y 3	1946	, at 3: 15A M
6.(b) Name of husband (Decease 7. Birth date of deceased (mo., day,	ed 12/30/	40) 6.0	y Aaron years	and that I last saw h	th occurred on the date a	. Y 6 . 10.	2/3. 3	19 Y G
8. AGE: Year		Days	If less than one day	KA: Ce	retral	Hew	wheel	3 Ray
6'	7 -	-	hrsmin.		*******************************		8	8
10. Usual occupation. 11. Industry or busine HH 12. Name	Domesti ss Home illiam H. Maryland Rebecca Maryland	c Simm Hoope	Dor. Co., Md.	Other conditions (Inclu	Lead of the state	3 months of dea	ath)	Tyen
16. Informant ME	s. Ormand	Kirw	an		inderline the cause to			
Address Cambridge, Maryland 17. Burial Date thereof May 5. 1966. (Burial, cremation, or removal, Which?) Cemetery or crematory. Dorchester Memorial Park				Accident, suicide, or ho	onlicide? (City or town		Date of	
LocationCal	mbridge.	Marvil	and.		Industry, public place (
18. Funeral director LeCompte's Funeral Service Address Cambridge, Md.				Means of injury 23 SIGNATURE	1965	lnju	red at work?	or piber
19. (Date rec'd by r	7- 19 46	1	he Macage	Per lu.	ulrid	Mid	Date signed.	14/16

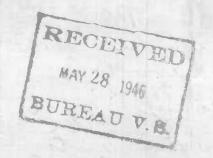


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2411 N. Charles St., Baltimore (48-P)

CERTIFICATE OF DEATH

1. PLACE OF DEATH: HESTER	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County	State County			
(If outside city or town limits, write RURAL and give nearest town)				
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or street address where death occurred:	Street No.			
	(lf rural, give LOCATION)			
How long In hospital or institution?	2.(a) If veteran, name war			
3. (a) FULL NAME Brens	3. (b) Social Security Number			
flank Colard Marvield	MEDICAL CERTIFICATION 20. DATE DE DEATH. MALY 15 19/6 21 6 17 M			
8.(6) Name of husband or wife Multidam Salms 8.(c) If alive, give age 3. 8. years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19/6, to Mary 13 19/6			
7. Birth date of deceased (mo., day, yr.) 25 Mol 1914	and that I last sawh			
8. AGE: Years Months Days If less than one day 3 / 5 / 6min.	Immediate grave of death DUHATION			
9. Birthplace St Steller B. (Town county, and state)	Due 10			
10. Usual occupation Labor				
11. Industry or business Mone	Due to			
12. Name Scily 938	Dther conditions			
	(Include pregnancy within 8 months of death)			
14. Malden name famil ostonu	Major findings of operations.			
14. Maiden name fanil storm 15. Birthplace	major results of operations. Bato of op.			
15 Intermed Manie helphins	Autopsy results.			
10 Miller att ston los	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
Complete State of Marie 29	22. VIOLENCE: 1f death was due to external causes, fill in the following:			
(Burial, cremation, or removal Which?)	Accident, suicide, or homicide			
Cemetery or crematory. Camberidge	Where did injury occur?			
Location Camberidge Silant City	Thjured at home, farm, Industry, public place (where?)			
18. Funeral director Lews HBassem	Maans of Injury Injured at work?			
Address 201 washington St	cekr/6/ muler			
19 5-21. 19 46 John March hu	23. SIGNATURE M. D. or other			
(Data model by magistrar)	teleman I to I			



9-45-15M

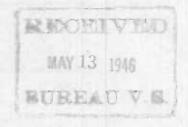
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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 50

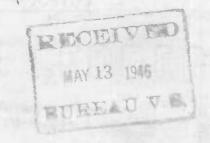
()4778 Reg. Dist. No.116

CERTIFICATE OF DEATH

1. PLACE OF I			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Rural-Church Creek					
City or town			City or town Rural-Church Creek (If outside city or town limits, write RURAL and give nesrest town)		
How long in above pla	ace of death?	rears			
	or street address where	death occurred:			
			(If rural, give		
			2.(a) If veteran, name war		
3. (a) FULL NA		Bradshaw Bramble		3. (b) Social Security Number	
4, Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Female	White	Married	20 DATE OF DEATH May	6, 19.46 stll: A.M	
O (I) None of bush	brie. Laird	V. Bramble	21. I CERTIFY that death occurred on the date ab		
				45 to Mag 6 18.46	
7. Birih date of	O-1- 7		and that I last saw hallve on	may 3 18 46	
	y, yr.) Oct. 3	Days If less than one day	Immediate cause of death	DURATION	
8. AGE: Ye		7	Carrinoma	Dy April sea	
			L. Breat W	it is	
9. Birihplace GO	lden Hill	Dor. Co. Md.	Due to generalized	Corecisons-	
		County, and state)	ttores o		
		Y	Due to		
11. Industry or busin					
lami	_	liam Bradshaw	Other conditions		
≦ 13. Birthplace	Maryland		(Include pregnancy within 3		
14. Maiden nam	.Justina	Barton	Major findings of operations.	months of death)	
15. Birthplace	Maryland		Major findings of operations.	Date of op. 1945	
15 Informant Mr	s. Mary Si	picer	Autopsy results. Roul		
	den Hill.		PHYSICIAN: Please underline the cause to w	hich death should he charged statistically.	
			22. VIOLENCE: If death was due to external cau	uses, fill in the following:	
(Burial, cremati	al on, or removal. Which?)	Date thereof May 8 1946	Accident, suicide, or homitoide	Dale of	
Cemetery or crem	atory Old Tri	nty Cemetery	Where did injury occur?(City or town)	(County) (State)	
Location Ch	urch Creel	k, Maryland.		here?)	
		s Funeral Service	Meens of Injury	Injured at work?	
Address Cam	bridge, Ma	aryland.	Tolds . les	* Hechlesus	
			23 SIGNATURE COLLEGE	M.D. or other	
(Date rec'd by	- 8 - 19 46 registrar)	John Macy h ?	Address Chubridge	Md. Date signed 5 - 1-46	



Evidence for change of age MARYLAND STATE DI of deceased is shown on 2411 N. Charl	EPARTMENT OF HEALTH (1477)	
	TE OF DEATH Rog. Dist. No	6
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infantr give residence of mother) State	town)
3. (a) FULL NAME	3. (b) Social Security Num	ber
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. May 9 19.46, 213	
B.(b) Name of husband or wife 6 Mana 13 Local Burns 6.(c) If alive, give age years	21 I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 42 to 19 45	19.4.6
7. Birth date of deceased (mo., day, yr.) Och - 15 - 1877 8. AGE: Years Months Days If less than one day 68 6 - 9 6 2 4	Immediate cause of death. Cursoral accident E left Bumplefla, 4. Due to Gallerless afronds	DURATION 5 Pacs
10. Usual occupation	Due to	
13. Birthplife unlayfown 14. Maiden name Lausia Maddorf 15. Birthplace Zulenown	(Include pregnance of thin 3 months of death) Major findings of operations. Date of op.	Jes.
16. Informant Mrs 6 suma B. Buown Address 403 chaptants are	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statist	tically.
17. (Burisl, cremation, or removal, Which?) Cemetery or crematery. Date thereof. (pequith) (day) (year) Could the could be compared to compared to compare the could be compared to compa	Accident, suicide, or homicide	
18. Funeral director Hameth B. I Komas Address Cambridge ma	Means of Injury Injured at work?	
19. 5-11- 1946 John Mace Ses 7. (Date rec'd by registrar)	23. SIGNATURE	11 3/3



2411 N. Charles St., Baltimore (830)

04780

10	units.	-	1 "	()	
	Die	٠.	No		116

Date signed May 23/46

CERTIFICATE OF DEATH

				Keg. Dist. No				
1. PLACE OF DEA	TH: Donche	atan		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
County	201.0110	3001	***************************************					
Cambridge (If outside city or town limits, write RURAL and give nearest town)				state Maryland County Dorchester				
How long in above place	36V	aral	Vearand give nearest town)	City or town. Cambridge (If outside city or town limits, write RURAL and give nea	•••••••			
How long in above place Hospital, Institution, or	ot death?	eath occurre	· · · · · · · · · · · · · · · · · · ·					
106	Washingto	כמווו טכנטוופי	•	Street No. 106 Washington				
				(If rural, give LOCATION)				
How long in hospital or			······································	2.(a) If veteran, name war				
3. (a) FULL NAME				3. (b) Social Security 1	Number			
	Ti	llie	Burroughs					
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION				
female	colored	W	idowed					
		1		20. DATE OF DEATH May 23 19. 46	at 5 A M			
6 (h) Name of husband o	Benja	amin	Burroughs	21. I CERTIFY that death occurred on the date above stated; that I attended decea	sed from			
(dece	o sed)	**************		X 19 10 X	19			
7. Birth date of	asou	6.(c) If alive, give ageyears	end that I last saw hXallye onX				
deceased (mo., day, yr		367						
8. AGE: Years	Months	Bays	If less than one day	Immediate came of death	DURATION			
79	x	x		erebral Haemorrhage	week			
	M				*********************			
9. Birthplace	Mar	yland	***************************************	Due to	*******************************			
10, Usual occupation		sewor	<u>X</u>	Bue to				
11. Industry or business	l	nome		000	000000000000000000000000000000000000000			
至 12. Name	Easom	Chas	6	Other conditions				
12. Name		Md.		other conditions	***************************************			
	3/477-			(Include pregnancy within 3 months of death)				
14. Maiden name	Milly		***************************************	Major findings of operations				
S 15. Birthpiace)	Id.						
-	a Cromwel	11 (daughter)	Date of op				
0	8 Wells S			Autopsy results	tatistically.			
- 2		26.	Cambridge, Md.	22, VIOLENCE: If death was due to external causes, fill in the following;				
IT all	or removal, Which?)	Date there	015/25/46					
(Burial, cremation,	or removal, Which?)		(month) (day) (year)	Accident, suicide, or homicide Date of				
Cemetery or crematory	are	alle .	Ţ	Whera did injury occur?	(State)			
* alleman				Injured at home, farm, industry, public place (where?)				
Location			***************************************	Msans of injury Injured at work?				
1B. Funeral director.	cenus	1.1.03.	arjonnon	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10			
Address / Ca	mberio	las	"not	19. Theorer, Def. Med.	exam.			
5/25	-/ 41	Que	? merch m	23/ SIGNATURE M. D. oi	r other			
(Date rec'd by reg	istrar)	1	Registrar	Address Cambridge, Md. Date signed M	ay 23/4			

MARGIN RESERVED FOR BINDING

RECEIVED

MAY 28 1946

BUREAU V. S.

MARGIN RESERVED FOR BINDING

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important.

See instructions on back of certificate.

Exact statement of OCCUPA-

V. S. No. 1

B

STATE OF MARYLAND-CERTIFICATE OF DEATH 781

1. PLACE OF DEATH	
county on chief	Registration Dist. No.
Village or City Countings	No. Caranage line to ft St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Cambrily 127.19	St. Ward.
(Usual place of abode)	If uonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE COLOR OR DIVORCED (write the word)	21. DATE OF DEATH May (Month) (Day) (Year)
5a. If merried, widowed, or diverged HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
1 . 1-1	las last about
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Days If LESS than	I last saw h
7/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
9 Tendo profession or particular	Winin from Retention Date of onset
S. Had of work done, as SPINNER, Reliand Submining SAWYER, BOOKKEPPR, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Data decessed last worked at Court this occupation (month and Sanah in this)	
10. Data decessed last worked at Court in this occupation (month and year) year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Dry chuling . Mrd (State or country)	Other Coutributory Causes of importance: Type The Metal Anabeth
13. NAME Linky	Att Tour News of March
E - 18-21-12-	mal mark
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of Dete
15. MAIDEN NAME LINEMIN	What test confirmed diagnosis?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(Stete or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Cambrilly my	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Steam City Date 3 - 7,19 6	Nature of injury
19. UNDERTAKER Jewis N. Bayners (Address)	24. Wes disease or Injury in any way related to occupation of deceased? 11
20. FILED 5-29: 19 46 John Mara Ja /	(Address) Canhalys M.D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	400	Example II				
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were a	Date of onset			
Arteriosclerosis	1915	Attack of epilepsy		1 week ago		
Chronie interstitial nephritis	1921	Run over by street car	HIM 2 1946	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis		3 days ago		
			BUREAUT			
Other contributory causes of importance:	11 1 1020		auses of importance:	1 year		
Gallstones	May 1,1923	Gastroenteritis		1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2411 N. Charles St., Baltimore 9400

CERTIFICATE OF DEATH

116

5304

1. PLACE OF DE	ATH: Dorches	ster		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
			(rural)	State Maryland County Dorchester			
(If o	outside city or town lin	nits, write H	URAL and give nearest town)	Chara	Chanch Cacole (man)		
City or town						s, write RURAL and give	nearest town)
Hospital, Institution, or	street eddress where d	eath occurred	of Church Creek	Street No.X		***************************************	
			***************************************		(If rural, give		
How long in hospital or	Institution?	***************************************	X	2.(a) It veteran, name wa	ır		********
3.(a) FULL NAME Clarence Cornish						3. (b) Social Securi	ty Number
4. Sex	5. Color or race		e, married, widowed, or divorced		MEDICAL CE	ERTIFICATION	
male	colored		single				6 6 1
		1		2D. DATE OF DEATH	ма у	6 19 40	o at O A • M
						ve stated; that I ettended do	
7. Birth date of			e) If elive, give ageyears			X	
deceased (mo., day, y						***************************************	
8. AGE: Years		Days	If less than one day	Disea	ase of Co	ronary Arte	eries
37		X	hrsmln.		***************************************	•••••••••••••••••••••••••••••••••••••••	X
9. Birthplace	Maryland	ounty, and s	tate)	Due to	•••••••••	••••••	30000
4D Hauel cocuration			***************************************	*****************************	• • • • • • • • • • • • • • • • • • • •		***************************************
	T 3-			Due to			******
1t. Industry or business				***************************************			
12. Name				Dther conditions	0	*********	*****
₹ 13. Birthplace	Maryla	and		***************************************		********************************	
14. Malden name			rman	(Include pregnancy within 3 months of death) Major findings of operations			
≥ 15. Birthplace	Mary	Land				Date of op	
16. Informant Fr	ed.S.Com	nish					
	urch Cree	ak. M	d.			ich death should be charge	
Address	0		2 0 1110	22. VIOLENCE: If death	was due to external caus	ses, fill in the following;	
(Buris) cremation	or removal Which?)	Date there	of (month) (day) (year)			Date of	
Camata							
Cemetery or crematory			Where did Injury occur?	(City or town)	(County)	(State)	
Location Lauren Cratica mad			Injured at home, farm, Inc	dustry, public place (wh	ere?)		
18. Funeral director	Sound	176	Hoyneum	Means of Injury		Injured at work?	
Address CO	merio	Mas	mol	Jo 15.	Thrive	2. Del. M	id. Coam.
.5.	8- 46	1	1 machin	23. SIGNATURE		м. І	D. or other
19. (Date rec'd by registrar) Registrar Registrar				Address Cambri	dge. Md.		May 6/46

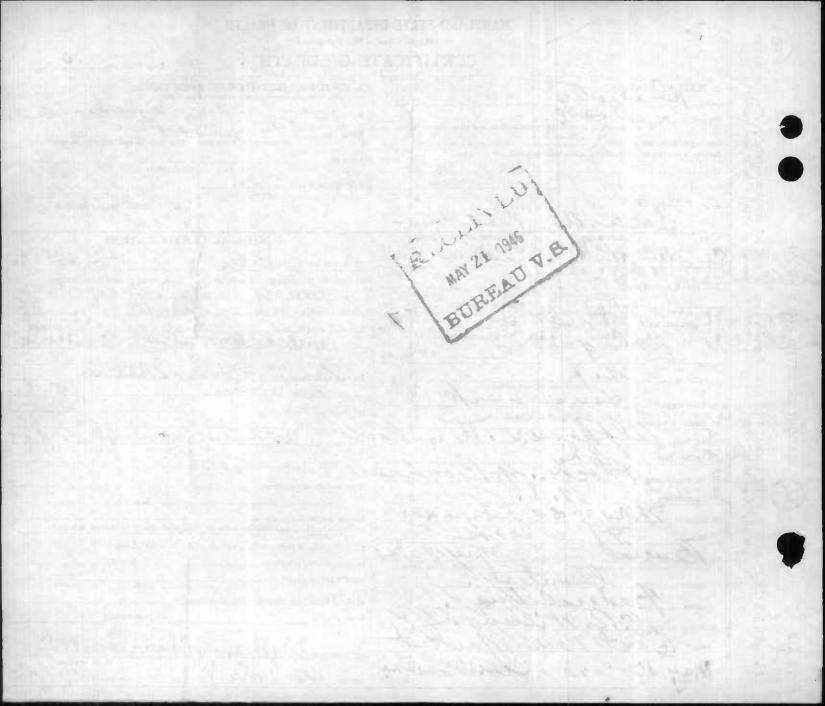


2411 N. Charles St., Baltimore (598) CERTIFICATE OF DEATH



Reg. Dist. No....

1. PLACE OF DEATH COUNTY WITH TELES	2. USUAL RESIDENCE (HOME) OF DECEASED: (For oewborn infants give residence of mother)
City or town	State Trunchers County Described
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town) Sireet No.
the state of the s	(If rural, give LOCATION)
How long in hospital or institution? 3. (a) FULL NAME	2.(a) If referan, name war.
Lara, a, Reane	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. MAY 15 1946 11/:584 18
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that attended deceased from 1976 to May 15 1946
7. Birth date of deceased (mo., day, yr.)	and that last saw h. At Jalive on W. a. 4 0 19 46
8. AGE: Years Months Days If less than one day	Cerebral arteriorderous 21/20
8. Birthplace	Due to Sentity + Goneral astories
10. Usual occupation. House work	Bue to.
11. Industry or bosiness of the light of the	Other conditions arabrilio-Hypertrophic 5 yrs -
13. Birthplace	(Include pregnancy within 8 mouths of death)
14. Malden name / Mbele / Mil Souland	Major findings of operations
2 15. Birthplace 16. Informant West and Lynner	Autopsy results
Address 9 urlock	PHYSICIAN: Please onderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
Bate thereof (mosth) (day) (year)	Accident, suicide, or homicide
Localion Tederal Deve	Where did injury occur?
18. Funeral director To Barnillo Language	Means of injury Injured at work?
Address Cast new Market	23. SIGNATURE William Q. Harrison MD
19/0 ay 14 19.46 Chasly fashing	Address Hurlock MA Bate signed 5716/46



2411 N. Charles St., Baltimore 23 a

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77/	2

				_
CERTIF	CATE	OF	DE	ATH

Reg. Diat. No. 116

1. PLACE OF DE	ATH: nester			2. USUAL RESIDENCE (HOME) 01 (For newborn infants give residence of the second		
City or town Cambridge			RURAL and give nearest town)	State Maryland County Dorchexter City or town Cambridge		
How long in above place Hospital, Institution, or Cambric	of death?	Year death occurred and H	s : ospital	City or town Cambridge (If outside city or town limits, write RURAL and give nearest town) Street No Choptank Ave (If rural, give LOCATION)		
How long in hospital o	r institution?2	Days	***************************************	2.(a) If veteran, name war		****
3. (a) FULL NAM		ee Di	xon		3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a) Singi	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
Male	White	S	ingle	20. DATE OF DEATH May 14	4, 19 46 91 3:30	A M
7 Digit date of		8.(c) If alive, give ageyears	21. I CERTIFY that doath occurred on the date abo	ve stated; that I attended deceased from to 13 19.44	6
8. AGE: Years	Months	Days 29	If less than one day	Immediate cause of death lemm	haqe	
	Retire		y, Maryland.	Due to		
H 12. NameRi	chard H.	Dixo	n	Other conditions		
14. Malden name.	Elza St	ewart		(Include pregnancy within 3 n		
15. Birthplace	aryland	-		Antoney results Fried	Date of op	
				Autopsy results. PHYSICIAN: Please underline the cause to wh		
17. Buris (Burlal, cremation		Date ther	nd. May 16, 1946. (month) (ddy) (year) h. Cemetery.	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	ses, fill in fhe following;	*******
				(City or town) Injured at home, farm, industry, public place (wh		
-			nd. eral Service	Means of injury	Injured al work?	,
	bridge.			4 80	•0.	
100	16- 19 46 gistrar)		la Marafu /	23 SIONATURE Cambuly Mil	M. D	46

RECEIVED

MAY 20 1946

BUREAU V.S.

2411 N. Charles St., Baltimore 45-2

CERTIFICATE OF DEATH

Reg. Dist. No...

1. PLACE OF DEATH: Ceunty	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State. A complete the country of the c
4. Sex 5. Color or ray 6.(a) Single, married, windowed, or divorced	MEDICAL CERTIFICATION
B.(b) Name of husband or wife. 7. Birth date of deceased (mo., day, yr.) Feb. 3-190 6	20. DATE DF DEATH
8. AGE: Years Months Bays If less than one day 40 3 21	Immediate cause of death Original Support Sup
11. Industry or business Seay od * Imator Refeir 11. Name William & Surana Dorsey 13. Birthplace Hooken in R	Other conditions Multiply Mulastasia (Section 2) Automated Management (Section 2) Automated (Section 2) Automa
14. Malden name Katie Ray Particular 15. Birthplace Hoopen View no.	Major findings of operations. Date of ep. Antopsy results. PHYStCIAN: Please underline the cause to which death should be charged statistically.
Address 17. Burial Parents (Burial, eremation, or removal, Which?) Cemetery er crematory	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
lecation 18. Funeral director Sandriag hal 19. Most 25 (Date rpc'd by registrar) 19. Most 25 (Date rpc'd by registrar)	Injured at home, farm, industry, public place (Whera?) Means of Injury Injured at work? 23. SIGNATURE M. D. or other Address Date signed Mana 2.5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MAY 28 1946

BURFA

	MARYLAND	STATE	DEPARTMENT	OF	HEALTH
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2411 N. Charlee St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME Villie Quelles	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowdd, or divorced 6.(b) Name of husband or wife 8.(c) tf alive, give age years 7. Birth date of deceased (mo. day, yr.) 8. AGE: Years Months Days If less than one day 9. Birthplace (Towu, county, and atate) 10. Usual occupation 11. Industry or business 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant Address 17. Birthplace 18. Informant Address 19. Against 19. Aga	MEDICAL CERTIFICATION 20. DATE DF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.7. and that last saw h alive on 19.7. Immediate cause of death DURATION Due to. Due to. Differ conditions (Include pregnancy within 3 months of death) Major findings of operations. Date of op. Antopsy results. PHYSICIAN: Ptease underline the cause to which death abould he charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Date of Date of
Commetery or crematory Waveh Certifery Location Cambridge Magazia	Where did injury occur?
19. 5-4- 19 46 Hard Registrar Registrar	23. SIGNATURE CANAL M. D. or other Address Grin + Cells 81. Bate stoned 5 = 3 = 4 6

MAY 7 1946

2411 N. Charles St., Baltimore 940)

CERTIFICATE OF DEATH

Reg. Dist. No

	·
1. PLACE OF DEATH: Alvales Tess	2. USUAL RESIDENCE (HOME) OF DECEASED: (Ror newborn infants give residence of mother)
County	man land but
City or lown. Cambridge	State County Touristics
(If outside city or town limits, wrije RURAL and give nearest town)	City or town (11 outside city or town limits, write All Att and give nearest town)
tow long in above place of death?	
tospital, institution, or street address where death occurred.	Street No. 22 / Kace 22
and the state of t	(If rural, give LOCATION)
tow long in hospital or institution?	
3. (a) FULL NAME	3.(b) Social Security Number
Van Francis Fitzgerald	4
4. Sex 5. Color or rage 6.(a) Single, married vidowed, or divorced	MEDICAL CERTIFICATION
Male While Dinoised	20. DATE DE DEATH. May 29 1946, 21 7.3
	21. I CERTIFY that death occurred on the date above stated; that f attended deceased from
6.(b) Name of husband or wife	19
7. Birth date of	years
7. Birth date of deceased (mo., day, yr.) July 31-1907	and that I last saw h
8. AGE: Years Months Chays If less than one day	Immediate cause of death
38 9 18hrs.	min Alexander (Andrews)
	The state of the s
9. Birthplace	Due to
Combon Services Market	
10. Usuel occupation.	Due to
11. Industry or business	
12. Name Jurith d. Altygerale	L. Dither conditions
13. Birtholace Celaware	
	(Include pregnancy within 3 months of death)
14. Maiden name Dary E. Lynale 15. 81rthplace Defavore	Major findings of operations.
\$ 15. 8 rthplace	Date of op.
16 Informant Cureth A. Filygerals	Antopsy results
Addreson Cambridge ind.	PHYSICIAN: Please underline the cause to which death aboutd he charged statistically.
B	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date wafeoi. (month) (day) (year)	Accident, suicide, or homicide
Cast Lew Darket	Where did injury occur?
Cemetery or exemplary	A
Location Last set farker, In	1 Injured at home, farm, Industry, public place (where?)
18. Funeral director Rewell R. Howard	Means of Injury Injured at work?
a luid mad	On B. Absines Dim 16
Address Camerage, orta.	23 SIGNATURE
May 31-10 46 John Mace In	M. D. or other
19. (Date rec'd by registrar) Regi	istrar Address Date signed Agent

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. HARGIN RESERVED FOR BINDING

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JUN 2 1946
BUREAU V

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Diat. No. 116
1. PLACE OF DEATH: County Dorchester County Cambridge, Md. City or town Cif outside city, or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, inallution, or street address where death occurred: Eastern Shore State Hospital How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
Mrs. Grace Good 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	•
	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH. May 26 19 46 at 12:38
6,(b) Name of husband or wire Sleed Sasti	21. I CERTIEY, that death occurred on the date above stated; that Jattended deceased from May 26 19 19 19 19 19 19 19 19 19 19 19 19 19
7. Birth date of	and that I last saw h. Goronary Thrombosis 19
8. AGE: Years Months Days tf less than one dayhrsmin.	Immediate cause of death Coronary Thrombosis DURATION I hr.
P	Arteriosclerotic
9. Birthplace	Due to Heart Disease ?
10. Usual occupation. Leuseringe	Due to.
11. Industry or business	Diter conditions Marked Obsesity
12. Name	
14. Maiden name	(Include pregnancy within 3 months of death) Major findings of operations
15. Birthpiace	major indings of operations.
18. Interment John Sad Kusline	A topsy results.
Address Dentare: Tuarenau	THISICIAN: Please underline the cause to which death should be charged statistically.
(Burist, cremation, or remayal, Which?) Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Gemetery or crematory Declara Course	Where did Injury occur?
Location Distance End of	Injured at home, farm, Industry, public place (where?)
18. Funeral director & Vicanil Murore & Soci	Meens of Injury Jujured at work?
Address Prenton Fiel.	Jober & Farduar Ken
19. 5-27-19. 46 John Mace & Rystrar	20. STRNATURE M. D. or other Address Address M. D. or other M. D. or other Address Address

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 2 1946

BUREAU V.B

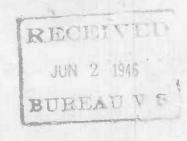
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (27-0)

CERTIFICATE OF DEATH

1. PLACE OF D				2. USUAL RESIDENCE (HOME) (For newborn infants give residence o	OF DECEASED:	
	chester			state Maryland co		
City or town	morlage outside eity or town	limits, write	RURAL and give nearest town)			
				City or town Rural-Cambr	ts, write RURAL and give nea	arest town)
	or street address where			Streel No. RFD # 1		
			Hospital		re LOCATION)	4 = 4 0 4 0 = 4 4 4 4 4 4 4 4 4 4 4 4 4
How long in hospital	or Institution?	Days		2.(a) If veteran, name war	•••••••••••••••	
3. (a) FULL NAM					3. (b) Social Security	Number
	Edv	rard N	lichael Handy		-	
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	White	I	ingant	20. DATE OF DEATHMay	23. 19.46	.a.10:35Am
0.41.11	4 16-			21. I CERTIFY that death occurred on the date at		
				MAY 18	46 MAYZ	3 10 Kb.
7. Birth date of			(c) If alive, give ageyears	and that I last saw h. K	1AY 23	19. X6
deceased (mo., day,		24, 1		Immediate cause of death		
8. AGE: Yea		Days	If less than one day	TOXEMIA AND		
-	5	29	hrsmin.	HYPER D	YREXIA;	10-
9. BirthplaceC.2	ambridge	Mary, county, and	land state)	Bacillary Dys Gare Ry	direction . 4 days	***************************************
1D. Usual occupation.			••••••			***************************************
11. Industry or busine	ss -			Due to	***************************************	***************************************
置 12. Name 正	rnest M.	Handy	•	Other conditions / W F A ~ TI L	- E ECZEMA	SINCO
la lange	Maryland					BIRTH
04	Clara N	I. Man	er	(Include pregnancy within 3	months of death)	
L 14. marken traine		· ····································	₩	Major findings of operations		
15. Birthplace	Maryland				Date of op	· · · · · · · · · · · · · · · · · · ·
16. Informant Mr.	Ernest	Handy	•	Autopsy results. PHYSICIAN: Please underline the cause to w		
Address RFD # 1, Cambridge, Maryland			ge, Maryland			
Bur:	ial	Date the	reof May 25, 1946	22. VIOLENCE: If death was due to external ca		
Cemetery or cremai	Dorche	ster	Memorial Park	Where did injury occur?(City or town)	(County)	(Stata)
The state of the s		EUI	and	injured at home, farm, industry, public place (v		
			neral Service	Means of injury	Injured at work?	
	mbridge.			(1)/4-7	Olecik	-1
F. J. Jest Bally	1-1	> (· 1 4.	23 STGHATURE	M. D. o	
19. (Date rec'd by r	egistrar) 19T	2	The Macek	Addres subridge	The Date signed	4 . 1 /



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	2411 N. Char	TE OF DEATH Reg. Dist. No. 116
City or town Cambridge (If outside city of town it How long in above place of death? Hospital, institution, or street address where Cambridge Mary I How long in hospital or institution? 3. (a) FULL NAME	and Hospital	State Maryland county Dorchester City or town Cambridge (If outside city or town limits, write RURAL and give neerest town)
4. Sex 5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White	Married	20. DATE OF OEATH
7. Birth date of	6.(c) If alive, give age 63 year 1873 Days If tess than one day 8 hrs. min Maryland county, and state)	" 7, 2 17 15 15 15
11. Industry or business Law		Due fo
24	larrington nes	(Include pregnency within 3 months of death) Major fiedings of operations. Date of op.
18. Informant Mr. Rrank I		Autopsy results
17. Bunial (Burial Fremation, of removel Which?) Cemetery or crematory. Christ	76 74 7040	Where did hjury occur? (City or town) (County) (State)
	s Funeral Service	11 14 14 14 15 14 15 14 15 14 15 14 15 14 15 14 15 14 15 14 15 14 15 14 15 14 15 14 15 14 15 14 15 14 15 14 15
19. 5-14-19 46. (Date rec'd by registrar)	John Mace Ju 77 Registra	Address Cambridge Darylandate signed 5

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MAY 20 1946 BUREAU V.R.

CERTIFICATE OF DEATH

			/
Dag	Diet	No	116

		ist. No. 116
County City or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED (For newborn infants give residence of mother) State	:
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Wan Jesse Holles	3. (b) Soci	ial Security Number
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Lond Lond 1. Sex	MEDICAL CERTIFICA 20. DATE OF DEATH	TION
6,0) Name of husband or wife. Samuel Holde	21. I CERTIFY that death occurred on the date above stated; that i	
7. Birth date of Second (mn. day yr.)	and that I last saw halive on	8 / 19.9
8. AGE: Years Months Days If less than one day	Immediate cause of death	3 mu
60 4 16hrsmin		vd~
9. Birthplace Lot Now Market Wy (Town, county, and state)	Oue to Myseadul	6 20-
10. Usual occupation.	Oue to	
11. todustry or business 12. Name	Other conditions.	1946
11. Malden name. Emily Johnson	(Include pregnancy within 3 months of death	
15. Birthplace Lant New Muches My	Major findings of operations	
16. Informant Emma Halles	Autopsy results.	
Address V59 Montina of Sermenton Pa	PHYSICIAN: Please underline the cause to which death should	
17. Charles Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the fo	
Cemetery or crematory Ailling	Where did injury occur?	
Location	Injured at home, farm, industry, public place (where?)	
18. Funeral director Llus HB curren	Means of Injury Injured	i at work?
Address Camberidad	23. SIGNATURE Carrier UN 11-C	M. D. or other

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3

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	CERT	IFIC	CATE	OF	DEA	TH
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Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Darchester	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State County County County
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	Street No
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Joseph Louis Gral	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male It. Hidoures	
1 2 2 1 1 1 1	20. DATE OF DEATH 10 May 1946 91 7:40 P. M
6.(b) Hame of Ausbard or wite Applica Tral Deceased	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give ageyears	April 20 1946, to 10 May 1946
7. Birth date of deceased (mo., day, yr.) April 1. 1880	and that I last saw h.4. 222 alive on 1970 & Cy 19.46
8. AGE: Year Months Days It less than one day	Immediate cause of death LOM GRESTINE HOUT DURATION
66 1 9	Jalluve. 3 WKS.
9. Birthplace. (Town, comity, and atate)	Duo to Arterio Scieretic Meary
10. Usual occupation Barring	4150456
	Oue to
11. industry or business	2 11 6 11/1
12. Name Jaseph Fral	Other conditions Palmonaky Franchy Sma All Liston
	(Include pregnancy within 3 months of death)
14. Maiden name Grantank Sulker 15. Birthpiace Duck Grechalovakie	Major fiadings of operations
\$ 15. Birthplace gul gechastorafer	Date of op.
16. Informant anna Fral	Autopsy results
Address Exact new Market and	PHYSICIAN: Please underline the cause to which death should be charged statistically.
7 -1 -1 1/1	22. VIOLENCE: It death was due to external causes, fill in the following:
17 Daie thereof (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory Carnelleus	Where did injury occur?
James Secretary and	Injured at home, farm, Industry, public place (where?)
Location Location	Means of injury injured at work?
18. Funeral diversion	mone of injury injuries at mone
Address and Mul Markett	land The ferm MA
marry ul Elitabet O. 1"	23. SIDNATURE CASSILIAN M. D. or other
(Date rec'd by registrar) (Date rec'd by registrar) Registrar	Address and a Main Bate signed 10 May 4th



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Tuny

04786

CERTIFICATE OF DEATH

116 Reg. Diat. No....

State Maryland County Dorchester (It outside et our term all of life Now long in above 16 dealth Now	1. PLACE OF DEATH: Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Street No. 105 Washington St.	Combridge			
Street No. 105 Washington St.	(If outside city or town limits, write RURAL and give nearest town)	Cambridge		
Street No. 105 Washington St.	How long In above place of death? <u>ALL OI 1116</u>	(If odeside city of town limits, write KUKAL and give mearest town)		
tion long in heapital or institution? 3. (a) FULL NAME Nina Langly 4. See 5. Color or race 6. (a) Single. 5. Color of race 6. (b) Name of hurband or wife. 5. (c) If alive, give age. 7. Billich date of deceased from, day, yr) 8. AGE: 1. Billich date of deceased from, day, yr) 4. 5 5 23 x. hr. 8. Color of race 6. (c) Name of hurband or wife. 8. AGE: 1. Billich date of deceased from, day, yr) 8. AGE: 1. Billich date of deceased from, day, yr) 1. Billich date of deceased from date of date of deceased from date of date date of deceased from date of date of date date of deceased from date of	Hospital, institution, or street address where death occurred:	Street No. 105 Washington St.		
3. (a) FULL NAME Nina Langly 4. Set Female Single Single Single Single Single Single MEDICAL CERTIFICATION 20. Date of DEATH May 27 19 46 11 - 30A and 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from X 19 to X 19 And that I attended deceased from X 19 S. AGE: Year Months Days Hiles than one day Sirphipiace Minibian N. Carolina Town, country, und state) No Usual occupation Housework To Birthpiace Minibian N. Carolina Town country und state Town country und state No Usual occupation May 27 19 46 11 - 30A and X 19 And that I attended deceased from X 19 Immediate cause of death Dispasse of Coronary Arteries O Due to X Unclude pregnancy within 3 months of death) Major findings of operations Date of op. Antopy results (Include pregnancy within 3 months of death) Major findings of operations Date of op. Antopy results (Address 105 Washington St. Cambridge, Cambridge, Md Is. Funeral director. Lewis H. Bayraughm Cambridge, Md Miner Steady of Country Tolly or town) Tolly or town Tolly or town) Tolly or town				
A. Sea S. Color or race George Ge	How long in hospital or institution?	2.(a) If veteran, name war A		
female colored Single 6.(b) Name of hubband or wife 7. Birth date of deceased (mo, day, yr.) 8. AGE: Yeare Monthe Days If less than one day 45 5 23 X hr. X min. 9. Birthplace Mount occupation. 10. Grown, county, and state) 11. Industry or business 12. Name X		3. (b) Social Security Number		
8. (b) Name of husband or wife	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
T. Birth date of deceased (mo., day, yr.) December 4 1900 8. AGE: Veare deceased (mo., day, yr.) December 4 1900 8. AGE: Veare Months Daye If less than one day 45 5 23 X hrs. X min. 9. Birthplace Management	female colored Single			
The strict of deceased (mo., day, yr.) December 4 1900	6,(b) Name of husband or wife			
Burning Burn	7. Blab date of			
8. AGE: feare 45 5 23 X hrs. X min. 9. Birthplace. Crown, county, and state.) 10. Usual occupation. Housework 11. Industry or business 12. Name. X 13. Dirthplace 14. Maiden name. Sudie Langly 15. Birthplace 16. Informant. Margaret Banks Address 105 Washington St. Cambridge, Address 105 Washington St. Cambridge, Cambridge, Md 10. Emetery or crematory. Waugh. Cemetery. Cambridge, Md 10. Funeral director. Lewis H. Baynusm Address Cambridge, Md 18. Funeral director. Lewis H. Baynusm Address Cambridge, Md Mane of injury Injured at home, farm, Industry, public place (where?) Injured at home, farm, Industry, public place (where?) Injured at home, farm, Industry, public place (where?) Mane of injury M. D. or other	deceased (mo., day, yr.) December 4 1900			
9. Birthplace	8. AGE: Yeare Monthe , Daye If less than one day			
(Town, county, and state) Housework 11. Industry or business home 12. Name. X 13. Birthplace X 14. Maiden name. Sudie Langly 15. Birthplace Mai. N. Carolina 16. Informant. Margaret Banks Address 105 Washington St. Cambridge, (month) (day) (year) Cemetery or crematory. Waugh. Cemetery. Cambridge, Md 18. Funeral director. Lewis H. Baynuem Address Cambridge, Md Address Cambridge, Md M. D. or other	45 5 23XhrsXmin.	0		
10. Usuat occupation. Housework 11. Industry or business 12. Name. X 13. Dirthplace X 14. Maiden name. Sudie Langly 15. Birthplace Marks. N. Carolina 16. Informant. Margaret Banks 105 Washington St. Cambridge, 17. Burial 18. Informant. Date of op. 18. Informant. Margaret. Banks 105 Washington St. Cambridge, 18. Genetery or crematory. Waugh. Cemetery. 19. Cemetery or crematory. Waugh. Cemetery. 19. Cambridge, Md 10. Funeral director. Liewis H. Baynugm. Address Cambridge, Md. 10. Surial cremation, or removal. Which? 10. Cambridge, Md 11. Funeral director. Liewis H. Baynugm. Address Cambridge, Md. 11. Maiden name. Sudie Langly (Include pregnancy within 8 months of death) Major findings of operations. Antoppy results. Major findings of operations. Antoppy results. Major findings of operations. Antoppy results. Major findings of operations. Date of op. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Manne of injury injured at work? M. D. or other	9. Birthplace. Manyaland N. Carolina (Town county and state)	Due toX		
11. Industry or business 12. Name				
12. Name	hama	Due to		
14. Maiden name Sudie Langly 15. Birthplace Man. N. Carolina 16. Informant Margaret Banks Address 105 Washington St. Cambridge, 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Waugh Cametery. Location Cambridge, Md 18. Funeral director. Lewis H Baynusm Address Cambridge, Md. 19. To the standard of operations. (Include pregnancy within 3 months of death) Major findings of operations. Antopsy results. Major findings of operations. Major findings of operatio	11. Industry of Duciness			
14. Maiden name Sudie Langly (Include pregnancy within 3 months of death)	12. Name.	Dther conditione		
16. Informant Margaret Banks 105 Washington St. Cambridge, 11. Burial Date thereof (Burial, cremation, or removal, Which?) 12. VIOLENCE: If death was due to external causes, fill in the following: 13. Cemetery or crematory Waugh Cemetery (month) (day) (year) 14. Cambridge, Md 16. Funeral director Lewis H Baynusm Address Cambridge, Md. 16. Antopsy results. Accident, suicide, or homicide. Bate of (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Meane of injury injured at work? Meane of injury thirty Def. Med. Exam. M. D. or other		(Include pregnancy within 3 months of death)		
16. Informant Margaret Banks 105 Washington St. Cambridge, 11. Burial Date thereof (Burial, cremation, or removal, Which?) 12. VIOLENCE: If death was due to external causes, fill in the following: 13. Cemetery or crematory Waugh Cemetery (month) (day) (year) 14. Cambridge, Md 16. Funeral director Lewis H Baynusm Address Cambridge, Md. 16. Antopsy results. Accident, suicide, or homicide. Bate of (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Meane of injury injured at work? Meane of injury thirty Def. Med. Exam. M. D. or other	14. Maiden name Sucre Dailery	Major findings of operations.		
Address 105 Washington St. Cambridge, Address Cambridge Cam				
22. VIOLENCE: If death was due to external causes, fill in the following; 17. Burial Date thereof 5-30-46 (Burial, cremation, or removal, Which?) Date thereof (Burial, cremation, or removal, Which?) Cemetery or crematory Waugh Cemetery Waugh Cemetery Where did injury occur? (City or town) (County) (State) 18. Funeral director Lewis H Baynusm Baynusm Meane of injury Injured at work? Address Cambridge, Md Meane of injury Injured at work? M. D. or other	16. Informant Margaret Banks			
17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Waugh Cemetery Cambridge, Md Location 18. Funeral director. Lewis H. Baynusm Address Cambridge, Md. Address Date thereof. (month) (day) (year) Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Meane of injury Table Mannes of Injury Meane of Injury Mannes of Injured at work? Mannes of Injured at work?	Address 105 Washington St. Cambridge, 1	CHYSICIAN: Please underline the cause to which death should be charged statistically.		
Cemetery or crematory Waugh Cemetery Location Cambridge, Md 18. Funeral director Lewis H Baynusm Address Cambridge, Md. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Meane of injury tnjured at work? 23. SIGNATURE M. D. or other		22. VIOLENCE: If death was due to external causes, fill in the following;		
Location Cambridge, Md Injured at home, farm, Industry, public place (where?) 18. Funeral director. Lewis H. Baynusm Address Cambridge, Md. Meane of Injury tnjured at work? 21. SIGNATURE M. D. or other	(Burial, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide		
Location Cambridge, Md Injured at home, farm, Industry, public place (where?) 18. Funeral director. Lewis H. Baynusm Address Cambridge, Md. Meane of Injury tnjured at work? 21. SIGNATURE M. D. or other	Cemetery or crematory Waugh Cemetery	Where did injury occur?		
18. Funeral director. Lewis H. Baynusm. Address Cambridge, Md. Meane of injury trijured at work? Meane of injury trijured at work? M. D. or other	Cambridge, Md			
Address Cambridge, Md. Address Cambridge, Md. M. D. or other				
M. D. or other		1111.000		
M. D. or other	Address Cambridge, Ma.	of Delating). I hower, Def. Med. Com.		
	19. 5-29. 19. 46 John Mac Da Maristrar			

KECLI

JUN 2 194

BUREAUVE

M. D. or other

1. PLACE OF DEATH

How long in above place of death?.....

How long in hospital or institution?...

Hospital, Institution, or street address where death occurred

Months

10

County.....

3. (a) FULL NAME

8,(b) Nama of husband or wife.

Years

4. Sex

7. Birth date of deceased (mo., day, yr.)

9. Birthplace..... 10. Usual occupation.... 11. Industry or business

12, Name

13. Birthplace

14. Maiden name

Cemetery or tremstery

18. Funeral director ...

(Date rec'd hy registrar)

(Burial, cremation, or renoval. Which?)

14. Maiden na 15. Birthplace

16. informant. Address

Location

Address

S. AGE:

FATHER

The correct age Supply every item of information carefully. The case write the causes of death clearly and legibly.

ARGIN RESERVED FOR BINDING

UNFADING INK. Suprant. Physicians: please

important.

WITH

WRITE PLAINLY, is especially

PLEASE

9.45-15M

A15 NS

	es St., Baltimore 46-D	04
CERTIFICAT	E OF DEATH	Reg. Di
" Dorsheoles	2. USUAL RESIDENCE (HOME	E) OF DECEASED:

(If outside city or town limits, write BURAL and give nearest

Days

Date thereof.

6.(a)Single, married, widowed, or dive

. B.(c) If alive, give age

If less than one day

(month) (day)

13. SIGNATURE

Registrar Addrass.

	State Marylan	c residence of mother	whester	
	City or town	ambrid		
	(If outside city	or town limits, write RURA	and give nearest town)	******
	Street No. 209	15 yru	& /	
	ii a	(If rural, give LOCATION)	aue	
•••••	2.(a) If veteran, name war	4		
>		3. (b) Soc	ial Security Number	
1	MEI	DICAL CERTIFICA	TION	41
	20. DATE OF CEATH.	Tay 25	1946,at 8	14,
	21. I CERTIFY that death occurred	on the date above stated; that	l attended deceased from	
ears	parray		mag 25 19.	76
ears	and that I last saw hand alive	on mag	719.	46
-	Immediate cause of death	0	OURAT	TION
	Carcis	omalasis	7Mo	1
min.				
		ug Polon		u
	Que to	1	0	
	5 40 (0			
	Other conditions			
	(Include pregna	ncy within 3 months of death	i)	
	Major findings of operations			
	number manage of aboundance		e of op	
	Autopsy results.	ones		
1	PHYSICIAN: Please underline the		d be charged statistically.	
4	22. VIOLENCE: If death was due	to external causes, fill in the f	ollowing:	
26	Accident, suicide, or homicide		Data of	
	Whera did injury occur?			
	Injured at home, farm, Industry, p	ublic place (where?)		

1920

RECEIVE

JUN 2 1946

BUREAU Y-*

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d

04788

CERTIFICATE OF DEATH

		0	13	2	11	у.
Reg. Dist.	No.	2	7	· · · · · ·	11	5

1. PLACE OF DEATH:	ter		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Dorchester City or town. Cambridge (If outside city of town limits, write RURAL and give nearest town)			State Maryland county Talbot	***************************************		
(If outside cit	y or town limits, write R	URAL and give nearest town)				
How tong in above place of death?	8yr. 6mo	s. 6 days	City or town	arest town)		
Hospital, Institution, or street add			Street No.			
		ital		V		
How long in hospital or institution	n?8 yrs	6 mos. 6 days	. 2.(a) tf veteran, name war			
3. (a) FULL NAME			3. (b) Social Security	Number		
Jef	fie Bertha	McGill				
4. Sex 5. Color		e, married, widowed, or divorced	MEDICAL CERTIFICATION			
Female Whi	te	Widow	20. DATE OF DEATH NEW 22 19.46	.at 4:00A		
6 (h) Name of husband or wife	unknown	•••••	21. I CERTIFY that death occurred on the date above stated; that I attended dece			
6.(0) Hame of headend of wife		A M -101	November 16 19 37 to May 22			
7. Birth date of		c) tf alive, give ageyear	and that I last saw hE.T ative on	18.4.6		
deceased (mo., day, yr.)	August 8, 18	36L	Immediate cause of death			
8. AGE: Years Mo	nths Days	If less than one day	Coronary Occlusion	2 hours		
84	9 14	hrs min				
a Righthalaca Urik	nown		Due to Arteriosclerotic Heart	Unknown		
3. Birthpiace	(Town, county, and	state)	Disease			
10. Usual occupation	ousewife		Due to			
11. Industry or business	n own home		545 (0.	No.		
		erts				
	arvland	***************************************				
			(Include pregnancy within 3 months of death)			
14. Malden name	Mary Hoburg		Major findings of operations			
≥ 15. Birthplace	Maryland		Date of op			
16 Informant Hospit	al Records		Autopsy results			
Address Cambrid			PHYSICIAN: Please underline the cause to which death should be charged	statistically.		
		h. 43 10.11.	22. VIOLENCE: If death was due to external causes, fill in the following:			
(Burial, cremation, or remoral. Which?) Cemetery or crematory Ceme		eof(month) (day) (year)	Accident, suicide, or homicide Date of			
			Where did injury occur?	(State)		
			Injured al home, farm, industry, public place (where?)			
Location Gaston	7	<i>f.f.</i>				
18. Funeral director	le Car	P	Means of Injury Injured at work?			
Address Zasto	. med		V1. 6/12			
Andress Carlo	-	10 D	23. SIGNATURE MILE MAN DO MAN	or other		
19. 5/23	19 7.	11.N-1pm	and her to half not stored			

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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JUN 2 1946

BUREAU V S.

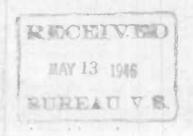
MARGIN RESERVED FOR BINDING

County or town Wingate (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 25 Years	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
How long in above place of death?	State Manyland County Dorchester City or town Wingate (If outside city or town limits, write RURAL and give nearest town) Street No. Wingate (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Jerome McNamara	3. (b) Social Security Number
4. Sax 5. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE DF DEATH
B.(b) Name of husband or wife Allie R. Powley 6.(c) If alive, give age 58 7. Birth date of deceased (mo., day, yr.) November 7, 1890	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
8. AGE: Years Months Days If less than one dayhrs	Coronay Oldurery 3-5/m
9. Birthplace Lakesville, Dor. Co., Md. (Town, county, and state) 1D. Usual occupation Road Worker 11. Industry or business States Road Commission 12. Name James McNamara 13. Birthplace Maryland	Due to
14. Malden name Cornelis Mister 15. Birihplace Maryland	Major findings of operations 2004
18. Informant Mr. John Jones Address Wing te, Maryland	Autopsy results. Date of op. PHYSICIAN: Please anderline the cause to which death should he charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Dorchester Memorial Park	Accident, suicide, or homicide
Location Cambridge, Maryland 18. Funeral director LeCompte's Funeral Service	Injured at home, farm, Industry, public place (where?)
Address Cambridge, Maryland. 19. 5 ?- 19 46 Solar Maryland Registrar (Date rec'd by registrar)	23. SIGNATURE CONTROL DEPORT MEDITAL M. D. or other

Evidence for addition of MARYLAND STATE DEPARTMENT OF HEALTH

age & birth date of deceased is . 2411 N. Charles St., Baltimore 940

04789



mis on Assertings for the day of the mission

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. H MARGIN RESERVED FOR BINDING

A15 SA

CERTIFICATE OF DEATH

116

County City or town County Cou		2. USUAL RESIDENCE (HOME) U	mother)				
		State Maryland County Queen Anne City or town (If ontside city or town limits, write RURAL and give nearest town)					
						Hospital, Institution, or	street address where
			9 mos 17 ds.	2.(a) If veteran, name war		V	
		66	energian diliberta en maker francheles de energi	2.(b) Il reteran, name war			
3. (a) FULL NAM			d Moore		3. (b) Social Security		
4. Sex Male	5. Color or race		, married, widowed, or divorced vorced	MEDICAL C	ERTIFICATION		
мате	MILLE	DI	vorced	20. DATE OF DEATH. May 3	19.46	at3.30n.	
6.(b) Name of husband) If alive, give ageyears	21. I CERTIFY that death occurred on the date ab	ove stated; that t attended dece	1946	
deceased (mo., day.	yr.) July	20 10	00	Immediate cause of death			
8. AGE: Year			It less than one day				
57		1	hrsmin.	Cerebral Hemor	rhage	3 ds	
10. Usual occupation.	Car	county, and s	aryland	Due to		***************************************	
11. tndustry or busines		S Moo	re	Other conditions Bronchopnu			
E			4	Psyc hosis with c	onvulsive diso	der 30	
	77 - L - TD-	laware		Psyc hosis with convulsive diso der 30 (Include pregnancy within 3 months of death)			
14. Maiden name.				Major fiadings of operations	***************************************		
2 15. Birthplace		nknown					
1B. Intermant	Hospi	tal Rec	ords	Antopay results			
Address	Czmbr	idge Ma	rvlahd	PHYSICIAN: Please underline the cause to w		stalistically.	
17(Burial, cremation Cemetery or cremat	n, or removal.	Date there	And all of IAle	22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide	(County)	(State)	
18. Funeral director Address	Mil	and of	I may	Means of Injury 23. SIGNATURE	Injured at work? M. D. C.	Make Ro	
18. (Date re'd by re	19	X	Registrar	Address Colonia	2 La Date signed	112 3/42	

MAY 7 1946

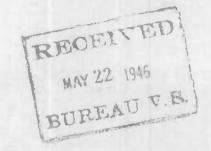
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimor

CERTIFICATE OF DEATH

110		04	
18.	Reg. Dist. 1	No. 1/2	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Sorchester	
City or town (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Dorclistes
How long in above place of death?	City or town. Cif outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
Viena - Cambridge Road	Street No. Vienna- ambridge load
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Martin F. Parker	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored married	
	20. DATE OF DEATH May 15 19.46 at 4. 45 P. M
6.(b) Name of husband or wife Wiola J. Parker	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
,	January 1046 10 May 15 18 46
7. Birth date of	and that I Got saw here alive on May 10 1 19 46
deceased (mo., day, yr.) - 1898	
8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION
48hrsmln.	Care trol arterioschrosis
Vienna Maryland	
9. Birthplace (Town, connty, and state)	Due to Sameral artoriosobrosus / 4pt
10. Usual occupation Day Laborer	
7.	Oue to Custered march 142+
11. Industry or business Farm	
12. Name Richard Parker 13. Birtholace Vienna Waryland	Other conditions
\$ 13. Birthplace Vienna Maryland	
14. Malden name Frances Parker	(Include pregnancy within 3 months of death)
	Major findings of operations
El 15. Birthplace Vienna, Maryland	Date of on.
16. Informant Viola J. Parker	Antopsy results
71. 71. 1. 0.71	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Barial (Burlal, cremation, or removal. Which?) Bate thereof (May 20 /946) (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory. Vienna Colored Constany	Where did injury occur?
Location Vienna Maryland	Injured at home, farm, Industry, public place (where?)
18. Funeral director I of Framptom and Son	Meens of Injury Injured et work?
Address Federalsburg Maryland	· 11 10 · C1/ · 117
0 00 0	23. SIGNATURE Welling - Harrison VIII
19. may 20 (Dite red by registrar) 19. 46 Elizabeth hoed Registrar	Laddress Jurlock Md. Date signed 5/16/46



411	N.	Charles	St.,	Baltimore	(131-0)
-----	----	---------	------	-----------	---------

		CERTIFICAT	TE OF DEATH	Reg. Dist. No.	116
City or town	mbridge umbridge putside city or town it of death?	mits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOM (For newborn infants give residence) State Maryland City or town	IE) OF DECEASED: ence of mother) County Dorchest enclosed RURAL and give De Leau St. al, give LOCATION)	e nearest town)
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICA	AL CERTIFICATION	
Female	White	Widowed	2D. DATE DF DEATH		6 0.151
7. Birth date ot deceased (mo., day,)		es P. Phelps	21. I CERTIFY that death occurred on the	19.45 to Mag	29 194k
8. AGE: Years 82	Months 6	Days If less than one day hrsmin.	Immediate cause of death	·	1 110.
8. Birthplace Dorchester Co., Maryland (Town, county, and state) 1D. Usual occupation. — 11. Industry or business — 12. Name Not Known 13. Birthplace Maryland			Due to	elistic ular Reval	25187
001				ithin 3 months of desth)	
14. Maiden name.	Not Know Maryland		Major findings of operations. 24		*******************************
15. Biringiace	Hanny P	helns	Antopsy results		
16. Informant Mr. Harry Phelps			PHYSICIAN: Please underline the cause	e to which death should be char	ged statistically.
Address Cambridge, Maryland 17. Burial (Burial, cremation, or removal. Which?) Cemetery or crematory. Christ Church Cemetery			22. VIOLENCE: If death was due to extend to extend the suicide, or homicide	Date ot	
Location	mbridge.	Maryland.	injured at home, tarm, industry, public p		
		s Funeral Service	Means of injury	Injured at work?	
Address Cambridge, Maryland. 18. 5-31. 18. 46 John More & Maryland			22 SIGNATURE CASE	eler Heroy	fra D D, or other

MARGIN RESERVED FOR BINDING

JUN 2 1946
BUREAU V B

2411 N. Charles St., Baltimore (III-Q)

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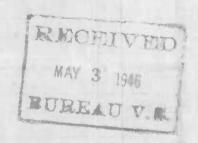
CEDTIE	CATE	OF	DE	THE PERSON NAMED IN
CERTIFI	CAIL	Ur	DE.A	

Reg. Dist. No. 116

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Joseph Stel	state Mary and county Dorehester
City or town	
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death	Street No. RFD # a
V	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3.(a) FULL NAME Herman Reichert	3. (b) Social Security Number
4. Sex 5. Color or race B.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white not known	>
Thate white hot known	20. DATE DF DEATH May 19 6 at M
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(b) Name of husband or wife	afer 2 G 19 46, 10 Mac / 18 4 6.
B.(c) If allve, give age years	and that I last saw h language gn Mag
deceased (mo., day, yr.) 1857	
8. AGE: Years Months Days if less than one day	Immediate cause of death Mulan such Casalottales Dynation
0. 101.	J
9. Birthplace	Due to Search & aluce 2 up
(Town county, and state)	
10. Usual occupation Farm	me in General Merica poleren ?
11. Industry or business	
I E	Other conditions
	(Include pregnuncy within 8 months of death)
14. Maiden name Not known	
E	Major findings of operations.
	Date of op.
18. Informant Personal items	Autopsy results.
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
- 1	22. VIOLENCE: If death was due to external causes, fill in the following;
Byrial Burial (Burial, cremation, or removal, Whiteh?) [Burial, cremation, or removal, Whiteh?] [Burial, cremation, or removal, Whiteh?]	Accident, suicide, or homicide
Cometery or crematory Dorchester Memorial Park	Where did injury occur?
Location Cambridge Maryland.	Injured at home, farm, Industry, public place (where?)
	Meens of injury injured at work?
18. Funeral director Le Compter Funeral Ser	
Address Cambridge MA	Marian (1) and have held
5.2 W/// m	23 SIGNATURE M. D. or other
19. (Date ree'd by registrar) Definition	address while of Ma Date signed Man 244
(Date ree'd by registrar)	Address Man Signed A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 992

Reg. Dist.		11	A
Reg. Dist.	No.	11	U

04794

Reg. Diat. No. ...

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CERTI	ET/	TAF	T'E	OF	DEAD	TIT
C.P.R.	PIL		P.	1 3 24	I J P (A	_

1. PLACE OF DEATH: County Docheste	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. If ulock. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	Slate Maryland County Dorcheste. City or town
3 (a) FIIII NAME	3.(b) Social Security Number
William Robinson	Jone
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Widowed.	MEDICAL CERTIFICATION 20. DATE OF DEATH
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Laneny 6, 1881	and that I last saw h
8. AGE: Years Months Days If less than one day 65 4 3hrsmin.	Immediate cause of death. DURATION 2 Mildet
9. Birthplace. Accounts County Vinginia (Town, county, and state) 10. Usual occupation. Day Labores 11. Industry or business 12. Name. To data	Due to Service I man Due to Other conditions
Y 13. Birthplace H 14. Maiden name. No data 15. Birthplace	(Include pregnancy within 8 months of death) Major findings of operations. Date of op.
16. Informant China Conoway Address Hurlock Maryland	Autopsy results
17. Burial Date thereof May 13 1946 (Burial, cremation, or removal. Which?) Cemetery or crematory Jederal Hill Cometery	22. VIOLENCE: tf death was due to external causes, till in the toilowing; Accident, suicide, or homicide
Location Lederalsburg Maryland 18. Funeral director & Framptom and Son Address Faderalsburg Maryland	tnjured at home, tarm, Industry, public place (where?) Means of injury Injured at work? 23. Makature A. Shriver, Defr Med. Exam
19 May 12 — 19 46 Chuslo Hastry Registry	Address Carmbon d.g M. D. or other Address Carmbon d.g M. Date signed Many 10/46



VS ATT

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

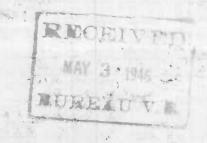
04795

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

60				./
	Reg.	Diat.	No.	116

County	Dorchester		(For newborn infants give residence of	mother)
			State Maryland Cou	.nty
How long in above place Hospital, institution, or Easter	of death? 1 street address where Shore St	imits, write RURAL and give nearest town) nos. 11 days death occurred: ate Hospital lmos. 11 days	City or lown. Baltimore Cit. (If outside city or town limits Street No. 172 South Gi (If rural, give	lmore LOCATION)
How long to hospital o	r institution?	4mos. 11 ways	2.(a) If veteran, name war	
3. (a) FULL NAM	E	Ella N. Rogers	er was a resident	3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION
Female	White	Widowed	20. DATE OF DEATH. MAY	1 19 A6 a1 10:28 A.M
	or wife	Morris	21. I CERTIFY that death occurred on the date abo	ove stated; that t attended deceased from
100		West to the second seco	March 19	46 to May 1 19 40
7. Birth date of			and that I last saw h. er alive on	May 1 19 46
deceased (mo., day,	yr.) . ij	nknown 1857		
8. AGE: Years	s Months	Days If less than one day	Immediate cause of death	ia 7 days
89		hrsmin.		
	Ruleigh.	North Carolina county, and state)	Due to	
		ie	Due to	
11. Industry or busines	is Own	hone		
質 12. Name	98 - C - W	Nernell	Dither conditions	rosis
12. Name		eland	senile -psychosis (Include pregnancy within 3 r	
14. Malden name.	Asri	e Marris	(Include pregnancy within 3 r	
2 15. Birthplace	Un	known		
16. Informani	Ecspital r	ecords	Antopsy results	
		bridge, Maryland	PHYStCIAN: Please underline the cause to wi	aich death should he charged statistically.
17. Buris, cremation	a.l., or removal. Which?	Date thereof. May 3, 1946	22. VIOLENCE: If death was due to externat cau Accident, suicide, or homicide	Oate of
Cemelery or cremate	ory Christ	- Church Cometery	Where did injury occur?(City or town)	(County) (State)
Location	-ambrid	ge, Maryland.	Injured at home, farm, Industry, public place (w	here?)
		te's Funeral Service	Means of injury	tnjured at work?
	ambridg	e, Maryland.	23 SIGNATURE Address Address	M. D. or other Date signed 5



VS A15

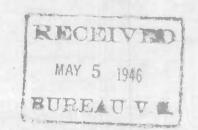
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

()4796 Reg. Dist. No. //6

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (Far newborn infants give residence of mother) Stale
3.(a) FULL NAME Carl a. Sheuton	3. (b) Social Security Number
7. Sex 5. Color or race 6.(a) Single. maried, widawed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH MONTH 2. 19 46 01 3:45 M
6.(b) Name of husband or wife 7. Sirth dale of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 3 3 6 2 2 hrs. min.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1946. and that I last saw have alive on 5 1946. Immediate cause of death, Majocarditis DURATION
9. 6irthplace	Due to
14. Maiden name Lula Courous 15. 6irthplace Folden / Fiel Gud. 16. Informant Mers Erma Roders	(Include pregnancy within 3 months of death) Major findings of operations 3
Address 17. (Burial, eremation, or removal, Which?) Cemetery or crematory. Madrian Madrian Md. Localion. Address Date thereof. (manth) (day) (year) (manth) (day) (year) (manth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director Leweth P. Shows Address Cambridge md.	Mesns of injury Injured at work? 23. SIGNATURE. Hayle Brown M. D. or option Address. Carronidge M. Date stened 5, 2/4 6



MARGIN RESERVED FOR BINDING

9.45-15 M

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg.	Dist.	No.	116

2411 N. Charle	es St., Baltimore 55.2
CERTIFICAT	TE OF DEATH Reg. Diat. No. 116
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address whose death occurred: S. County Market Street Stre	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate County County City or town (If outside city or town limits, write RURAL and give nearest town) Sireet No. (If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number 220-/2-0274 MEDICAL CERTIFICATION
male white Single	20. DATE OF DEATH. May 16. 1846. 217.40A
6.(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Bays It tess than one day 2 0	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18 to 19 and that I last saw h have allye on 19 Immediate cause of feath DURATION DURATION Due to Agreed at Johns Hopkins Hospitals and beau Due to Pairmany a Cameer in meckle Malagnanta Differ conditions (Include pregnancy within 8 months of death) Major findings of operations. Date of op.
18. Intermant Address 2/3 Classiank are - Cambridge 17. Character of Company Compan	Autopsy results
Location Cambridge mal 18. Funeral director Deuneth R. Illomas Address Cambridge mal	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? Injured at work? M. D. or other

HAY 20 1946 BUREAU V.S.

VS A15

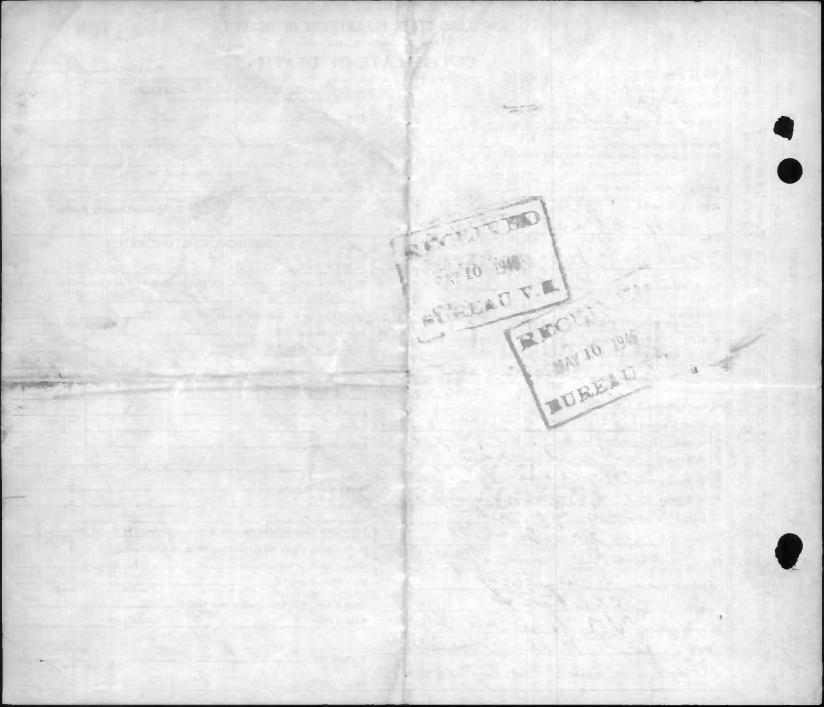
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XII	ct	1			1		

hange of MARYLAND STATE DEPARTMENT OF HEALTH

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	TE OF DEATH Reg. Diat. No. ///
1. PLACE OF DEATH: 1940 County 1940	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town
How long In hospital or Institution?	Streel No
3. (a) FULL NAME Micheal Sofet.	3. (b) Social Security Number
Mole white Married Married	MEDICAL CERTIFICATION 20. DATE OF DEATH MAY 3, X 1946 at 6 9, 10
6. (b) Name of husband or wife. 8. (c) If alive, give age years deceased (mo., day, yr.) 8. AGE: Years Months Bays If less than one day	21. I CERTIFO that death occurred on the date above stated; that I attended deceased from 19
8. Sirthplace Sature Clark, and states 10. Usual occupation Sature 11. Usual occupation Sature 12. Usual occupation Sature 13. Usual occupation Sature 14. Usual occupation Sature 15. Usual occupation Sature 16. Usual occupation Sature 17. Usual occupation Sature 18. Sirthplace Sature 19. Usual occupation Sature 19. Usual O	Due 10
11. Industry or bysiness 12. Name Musikeal Hohal 13. Birthplace Sardinia	Other cooditions
14. Malden name Marriage Surfress	(Include pregnancy within 3 months of death) Major findings of operations
Address Le See lew	Autopsy results
17. (Burlet, cremation, or removal Which?) Date Ihereot (Bonth) (day) (year)	22. VIOLENCE: If dealh was due to external causes, fill in the following: Accident, suicide, or homicide
Location Location	Where did injury occur?
18. Fuoeral dipector Address Per Motors	Means of Injury Injured at work?
19. May 5. (Date ryf d by registrar) 19 446 Mrs Elizabeth Smith	Address Elect Aur Markety Barb signed 3 44.



1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30-6)

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2. USUAL RESIDENCE (HOME) OF DECEASED:

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eg.	Diat.	No	1/	

CERTIFICATE OF DEATH

county Dorche	ster		N4	(For newborn infants give residence of		
Cily or town				State Maryland county Dorchester		
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 7 MOS. 19 dys		Cambridge				
				City or town	, write RURAL and give ne	arest town)
Hospital, Institution, or				Street No		
			pital	(If rural, give		
How long in hospital or	Institution?/ID	os. 19	dys	2.(a) If veteran, name war	***************************************	***************************************
3. (a) FULL NAMI					3. (b) Social Security	Number
Thomas	Elisha Tu	bbs			or (o) bothar becauty	a canas o c
4. Sex	5. Color or race		ie, married, widowed, or divorced	MEDICAL CE	TOTAL CATION	
Male	White	Man	ried		ERTIFICATION	
Mare	White	Mar	ried	20. DATE OF DEATH May 14,	19.46	af 6:55 A M
B.(b) Name of husband	or wife Roxie	Truit	t Tubbs	21. I CERTIFY that death occurred on the date above	ve stated; that I attended dece	eased from
				September 25,	45 10 May 14.	19.46
7. Birth date of	***************************************		(c) If alive, give age36years	and that I last saw h im alive on May	14,	10 46
deceased (mo., day, y		, 1898		Immediate cause of death.		
8. AGE: Years	Months	Days	If less than one day	Urinary track infection		
47	6	24		.urmaryurasaz.min.ss.v.r	7.4	. J. Meeks
V	Vorcester	County	, Maryland	Due to Tabo-Paresis	•	5 veame
	(Town,	county, and	state)	Due to. Tabo-Paresis	- 79 ° 0	5 years
1D. Usual occupation	Poultry	man				***************************************
			***************************************	Due to	***************************************	
11. Industry or business				•		
				Other conditions	***************************************	• • • • • • • • • • • • • • • • • • • •
			, Maryland	(Include pregnancy within 3 m		
14. Maiden name	Ellen Wai	nwrigh	t		,	
14. Maiden name 15. Birthplace			y, Maryland	Major findings of operations		
TT-	spital Rec					
701 (1110) 1116		*******************		Autopsy results		
1/2		, Camb	ridge, Maryland			Statistically.
17 Jour	rial	Date ther	eof 5-16-1946	22. VIOLENCE: If death was due to external caus		
(Burial, cremation,	or removal, Which?)		(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or cremator	Call	gree	on (essetery	Where did injury occur?(City or town)	(Connty)	(Stata)
Location	Terlind	n	nd of	Injured at home, farm, industry, public place (who		
	001	Wal	Tane 1	Meens of injury	Injured at work?	*******************************
1B. Funeral director		- /	7 - 2	0. 1	117	7
Address	Trank?	had	while	July 1/1	John man	Mulholo
· 5-1	6-1946	- (ohn Mace for	SIGNATURE	M. D.	or other
(Date rec'd by reg	istrar)	1	Registrar	Address	Mal Date signed	1. 1/1//

MAY 20 1946
BUREAU V.B.

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2411 N. Charles St., Baltimore Brown

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	state Maryland County Dorchester
(If outside city or town limits, write RUMAL and give nearest town)	Cambridge City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
nospital, institution, of street address where destin occurred.	Street No. 72 Washington St.
	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME LECTOR PLATOR	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 2
male Cal married	20. DATE OF DEATH. MALL 3 1946, of P. M.
Logica Tonh	21. I CERTIFY that death occurred on the date above stated that I glended deceased from
B.(b) Name of husband or wife	Tune 4 194 10 May 3 1946
7. Birth date of	and that I last saw him alive on april 28 1 18 KG
deceased (mo., day, yr.)	Immediate Cause of death
8. AGE; Years Months Days It less than one day	Corney / Kranbox' 1/2 da
5-3min.	
Chroil Dod	. Carles Neural Varcel ar
9. Birthplace (Towns quarty, and state)	Due to.
16. Usual occupation Reliance	
	Due to
11. Industry or business	
皇 12. Hame	Other conditions
13. Birthplace Classiff and	(Include pregnancy within 3 months of death)
14. Malden name Elight Story Lay 15. Birthplace Pair Sept Tol	
of the state of th	Major findings of operations
15. Birtinpiace	Date of op.
16. Informant	Autopsy results
Address The a guashington St Careb ma	
Bising themone by 46	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
(Hurfal, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Clemetary	Where did injury occur?
0:500	Injured at home, farm, industry, public place (where?)
Location	
18. Funeral director. all Many Manusch	Means of Injury Injured at work?
Address Cambridge To	Mark mules And
20 To the last of	23. SIGNATURE M. D. or other.
18 May 3 1946 & Dr. John Kan, St.	1 1 1 5-6. 4
(Date rec'd by registrar) Registrar	Address Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MAY 7 1946

2411 N. Charles St., Baltimore 195-21

CERTIFICA	TE OF DEATH Reg. Diat. No. 116
1. PLACE OF DEATH: County. Dorchester City or town. Cambridge (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?— Hospital, Institution, or streel address where death occurred: Cambridge Maryland Hospital How long in hospital or institution? 1 Week	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Dorchester City or town Cambridge (If outside city or town limits, write RURAL and give nearest town) Streel No. 211 Henry St. (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME Martha Louise White	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single. married, widowed, or divorced Female White Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. May 31, 19.46, at 12:05A
6.(b) Name of husband or wife. William H. White (Deceased 1918) 6.(c) If alive, give age — yea 7. Birth dale of deceased (mo., day, yr.) Nov. 13, 1860	MAPIA THE LET
8. AGE: Years Months Days If less than one day 85 6 18 hrsmi	
9. Birthplace Church Creek Dor. Co., Md. (Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name George Vickers 13. Birthplace Maryland 14. Maiden oame Anna Brannock 15. Birthplace Maryland	Due 10. Dither conditions Full Live Deff hay
Address and	Autopsy results
17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Greenlawn Cemetery Location. Cambridge, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director LeCompte's Funeral Service Address Cambridge, Maryland. 19. 6/6 19 +6 +6 Morela Registrar	23. SIGNATURE L. P. here Litte

RECEIVED

JUN 12 1946

BUREAU V.S.

PLEASE WRITE PLANLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 45-7 CERTIFICATE OF DEATH

14802

Reg. Dist. No. 116

County County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
City or town	State Maryland County Dochester
How long in above place of death? 30 Mg.	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	Street No. 9 Orban Vt
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	#(-/ /) Teleran (18110 Will)
James Henry Wils	3. (b) Social Security Number
4. Sex / 5. Color or race 6.(a) Single, married, yidowed, or divorced	MEDICAL CERTIFICATION
male coe widowel	20. DATE OF DEATH May 29 1946, 215?05-2 M
6.(b) Name of husband or wife. Errand Wilson	21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from
	May 76 1846 10 May 29 1946
7. Birth date of	and that I last saw hallve on
deceased (mo., day, yr.) Perruang 4 1886	Immediate cause of death
8. AGE: Years Months Days If less than one day	Carsenona Jonque 10 mas
60 3 25min.	
9. Birthplace Vorkneck Dov. Co, My	
(Town, county, and state)	Due to
10. Usual occupation	
	Due to
t1. Industry or business	
E 12. Name Wilson	Other conditions the Management of the conditions of the condition
13. Birthplace Dorchester Co Md	
14. Maiden name Devenia Wolock 15. Birthplace Doreherter & Md	(Include pregnancy within 3 months of death)
15. Birthplace Dorehente C Md	Major findings of operations.
211 - 2: 242	Oate of op.
16. Informant Jeantiels W Willson	Antopsy results
Address Canberral	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
lack month demos	22. VIOLENCE: If death was due to external causes, fill in the following;
Jurial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	
MO - 0 - 0 - 0	Whera did injury occur?
Location Location Line Line Line Line Line Line Line Lin	Injured at home, farm, Industry, public place (where?)
18. Funeral director Llssy St. Banker	Missns of Injury Injured at work?
Address Cambriday,	()
19 6-3- 1946 Tole Mars. A. M.	23. SIGNATURE CANOS M. D. or other
(Dato rec'd by registrar)	Address Oate signed 3 24 %

JUN 6 1946 BUREAU V.E.

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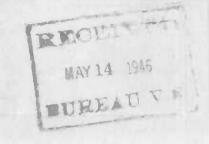
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	(148834	
Reg	. Diat. No. 16)

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Acadestes		
(If outside city or town limits, write RURAL and give nearest town)	State Mary land County Dorchestes	*********
How long In above place of death?	Cily or town. Hurlock (if outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No. Ocademy Overuse (If typial, give LOCATION)	
academy avenue	(If total, give LOCATION)	•••••
How long in hospital or institution?	2.(a) It veteran, name war	
3. (a) FULL NAME Kennerly J. Wright	3. (b) Social Security Number	
4. Sex 5. Color or race V 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male White Widowed	20. DATE DF DEATH May 2 19.46 21.4.2	0 A.M
6.(b) Name of husband or wife Mary E. Wright	21. I CERTIFY that death occurred up the date above stated; that I attended deceased from	
T. Birth date of	and that I last saw h	
deceased (mo., day, yr.) December 7, 1864	121 6	
8. AGE: Years Months Days If less than one day	Λ .	TION
81 4 25min.	accidental fallo on slipping paramento 6	ago.
9. Birthplace Douchester County, and state)	Due to Chronic Nizocoldotia 27	40
10. Usual occupation	Due to ATTELL ordunes & tope 2	G
TT, Theust, of Seeming		
12. Name Jaben length 13. Birthplace Dorchestly County hangland	Other conditions Frontitie Surreguest truck of 5 se	۷,
	(Include pregnancy within 3 months of death)	
14. Malden name Thang C. Wright 15. Birthplace Dorchestes County, May land	Major findings of operations	
· Zu le P VI	Date of op	
Address & lock Wary land	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.	
0	22. VIOLENCE: If death was due to external causes, till in the tollowing;	
(Burlal, cremation, or removal, Which?) Date thereof. May 4 1946 (month) (day) (year)	Accident, suicide, or homicide. Queidents. Date of December 20.	19.45
Cemetery or crematory Hashington Cometery	Where did injury occur? Associates Dorahastens Manufand (City or town) (County) (State)	·A
Location Hurlock Maryland	Injured at home, farm, Industry, public place (where?) Janublic placel	•••••
18. Funeral director of Frampton & Son	Meens of injury Occidental falls injured at work?	-
Address tederalsburg Maryland	Il and Al	
19. May 4- 19.46 Chaslo Haslerson Registrar	23. SIGNATURE M. D. or other Address Patton, Mary land Date signed 5 4 4	6



A	The correct age
	rmation carefully.
	m of information carefully. The co
DING	To of
IO	# 5

Evidence for change of ageMARYLAND STATE	DEPARTMENT OF HEALTH
is shown on 2411 N. Ch	naries St., Baltimore 93-0 / L
CERTIFICA	# 1
FILM No. I O 4 MAY 28 1946 CERTIFICA	ATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Moreque Wy	(For newborn infants give residence of mother)
City or town Gast her market	State County
(If outside city or town limits, write RURAL and give nearest town)	City or town
Now long in above place of death? Hospital, Institution, or streef address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Streef No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mark kung	
4. Sex 5. Color or race 8(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Corby I mandi	144.
or the copy marked	20. BATE DF DEATH 1946 at \$100 -
6.(b) Name of husband or wife	21. I DEGIFY Wat death occurred on the date above stated: that affended deceased from
0 (3 14 - 15 - 15 - 15 - 15 - 15 - 15 - 15 -	Jelmany 1946, 10 May 8 1946
7. Birth date of PU 0 4 0 19 0 1	and that I last saw h. an alive on May 7 1946
deceased (mo., day, yr.) aug 20 / 904	Immediate cause of death
8. AGE: Years Months Days It less than one day	Chrone Mucantial .
41 41 7/ 8/hrs	In. O Degeneration 3ma-
a Richard	D. Sanda Sanda Sanda
8. Birthplace	Due fo
to, Usual occupation was with	
1t. Industry or business	Due to
	
12. Name Olekh Oleman 13. Birthplage	Dther conditions
	10.1-0
# 14. Malgen nome Carlle Ilson	(Include pregnancy within 3 months of death)
14. Margen nome Olarrel Ilson 15. Birthplace	Major findings of operations
Hayrand Dayen of	Date of op.
16. Informant	Antopsy results.
Address (and Next Market	PHYSICIAN: Please underline the cause to which death should be charged statistically.
11 18 weed Date thereof May 9/ 194	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)	Accident, suicide, or bomicide
Cemetery or cramatory Connection	Where did injury occur?
Gest new Market	Injured at home, farm, Industry, public place (where?)
Location	
18. Funeral director find long hours	Meaos of Injury Injured at work?
Address 6 act new Warket	1101100
al corner as	23. SIGNATURE WELTONICON MD
19. I/II 1946 Elizaleth C. Seutle	M. D. or other
(Date rec'd hy registrar) Registr	ar Address Hurback Ma Bate signed 5 10 46

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